

MAY 27 2005

Atty Docket No. 018236-000720US

PTO FAX NO.: (703) 872-9306

MAIL STOP: Amendment

ATTENTION: Examiner Hoa Van Le

Group Art Unit 1752

**OFFICIAL COMMUNICATION**  
**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER HOA VAN LE**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of Pawan Sinha et al., Application No. 10/727,872, filed December 3, 2003 for VLSI-BASED SYSTEM FOR DURABLE HIGH-DENSITY INFORMATION STORAGE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

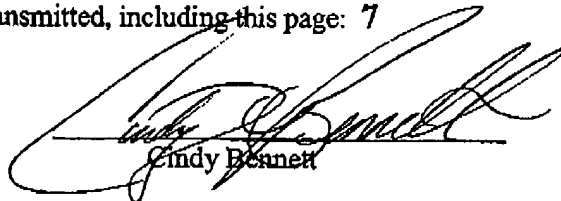
Documents Attached

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Petition for Extension of Time - 2 months (1 page);
4. Amendment (2 pages); and
5. Terminal Disclaimer (1 page).

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Number of pages being transmitted, including this page: 7

Dated: May 27, 2005



Cindy Bennett

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY  
RETURN FACSIMILE AT (415) 576-0300**

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, CA 94111-3834  
Telephone: 303-571-4000  
Fax: 303-571-4321

60502818 v1

PTO/SB/17 (12-04)

Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b> Application Number <b>10/727,872</b> Filing Date <b>December 3, 2003</b> First Named Inventor <b>Sinha, Pawan</b> Examiner Name <b>Hoa Van Le</b> Art Unit <b>1752</b> Attorney Docket No. <b>018236-000720US</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT <b>(\$)</b> <b>65</b>			

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account 
 Deposit Account 20-1430 
 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims          Extra Claims          Fee (\$)         Fee Paid (\$)         Multiple Dependent Claims Fee (\$)         Fee Paid (\$)        

-20 or HP =          x          =         

HP = highest number of total claims paid for, if greater than 20

Indep. Claims          Extra Claims          Fee (\$)         Fee Paid (\$)        

-3 or HP =          x          =         

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

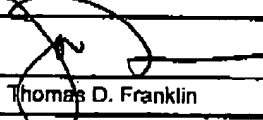
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

- 100 =          / 50 =          (round up to a whole number) x          =         

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: <u>Terminal Disclaimer</u>	<u>65</u>

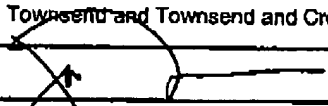
<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent) <b>43,816</b>	Telephone <b>303-571-4000</b>
Name (Print/Type)	<b>Thomas D. Franklin</b>	Date	<b>May 27, 2005</b>

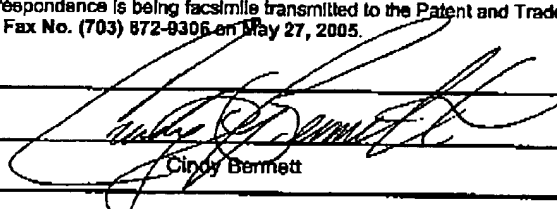
60502790 v1

PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/727,872
	Filing Date	December 3, 2003
	First Named Inventor	Sinha, Pawan
	Art Unit	1752
	Examiner Name	Hoa Van Le
	Attorney Docket Number	018236-000720US
Total Number of Pages in This Submission	6	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Terminal Disclaimer
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Thomas D. Franklin		
Date	May 27, 2005	Reg. No.	43,618

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, MAIL STOP: Amendment, Fax No. (703) 872-9306 on May 27, 2005.			
Signature			
Typed or printed name	Cindy Bennett	Date	May 27, 2005

60502799 v1

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MAY 27 2005

PTO/SB/22 (12-04)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	
<b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).)</i>		<b>018236-000720US</b>	
Application Number <b>10/727,872</b>		Filed <b>December 3, 2003</b>	
For <b>VLSI-BASED SYSTEM FOR DURABLE HIGH-DENSITY INFORMATION STORAGE</b>			
Art Unit <b>1752</b>		Examiner <b>Hoa Van Le</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <b>225</b>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 43,616

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

\_\_\_\_\_  
Signature

**May 27, 2005**  
Date

**Thomas D. Franklin, Reg. No. 43,616**  
Typed or printed name

**(303) 671-4000**  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

60502813 v1

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